

Case Number:	CM15-0175064		
Date Assigned:	09/16/2015	Date of Injury:	11/18/2010
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on 11-18-2010. Medical records indicate the worker is undergoing treatment for status post cervical discectomy and interbody fusion at cervical 6-7, headaches and trigger points. Recent progress reports dated 7-14-2015 and 7-29-2015, reported the injured worker complained of neck pain rated 6 out of 10 with associated with frequent, daily headaches rated 4-5 out of 10. Physical examination revealed tenderness over the left sub-occipital posterior cervical paraspinal and upper trapezius muscles with trigger points and muscle spasm. Restricted cervical range of motion was: flexion 45 degrees, extension 40 degrees and right and left lateral rotation of 45-60 respectively. Treatment to date has included trigger point injections, Motrin, Tylenol, Excedrin Migraine, Flexeril, Fioricet and Maxalt. On 7-29-2015, the Request for Authorization requested Retro Trigger Point Injection to Left Sub-occipital Musculature 7-29-15. On 8-24-2015, the Utilization Review noncertified a request for Retrospective Trigger Point Injection to Left Sub-occipital Musculature 7-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Trigger Point Injection to Left Suboccipital Musculature 7/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: MTUS Guidelines have very specific requirements for trigger point injections (TPI). One of these requirements is documentation of a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain. TPI is recommended for myofascial pain syndrome with limited lasting value. TPI are not recommended for radiculopathy. Addition of a corticosteroid to the anesthetic is not recommended. TPI are not recommended for typical back and neck pain. In this case, there is no mention of recent failed medical management therapies, i.e. exercise, PT, NSAIDs and muscle relaxants. There are also no physical findings or diagnostic results to rule out the presence of a radiculopathy. Therefore the request for TPI is not medically necessary or appropriate.